

Communicating About Mental Illness: Perceptions of Sources with and Without Mental Illness

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Abstract

Some have argued that the only credible communicator about mental illness is someone who has experienced mental illness. In the present study, I examined whether previous experience of mental (versus physical) illness is perceived as *expertise* when communicating about the challenges faced by those with mental illness but as *bias* when arguing on behalf of the group (e.g., against stigma towards those with mental illness). The study ($N = 87$) utilized a within-subjects (2×2) design and asked participants to read eight source descriptions. Each description featured a recent college graduate or current college student with a diagnosis of mental or physical illness. Each source was said to advocate or describe a mental-illness-related issue, such as advocating for reduced stigma towards those with mental illness (i.e., advocacy) or communicating the challenges faced by those with mental illness (i.e., description). Participants rated each source on dimensions of bias, expertise, trustworthiness, likeability, and credibility. For both types of messages, a repeated measures general linear model showed that when the source has a background of mental illness, they are seen as more trustworthy ($p < .01$), expert ($p < .001$), likeable (p approaching .05), and credible ($p < .01$), but also as more biased ($p < .001$). When examining the effects of experience on perceptions of source credibility, I found that perceptions of expertise consistently mediated between experience of mental versus physical illness and perceptions of source credibility (for both types of messages -- advocacy: indirect effect $B = 0.52$, CI [0.29, 0.82], description: indirect effect $B = 0.65$, CI [0.24, 1.10]). For the messages describing challenges faced with mental illness, perceptions of trustworthiness (indirect effect $B = 0.2$, CI [0.02, 0.43]) and likeability (indirect effect $B = 0.14$, CI [0.02, 0.30]) also mediated effects of experience on perceptions of source credibility alongside perceptions of expertise. For both messages, a person with mental illness experience is perceived not only as

more expert, likeable, and trustworthy, but also as more biased. However, for the messages examined, their credibility seems to be determined more by these alternative perceptions and not by perceived bias. These results raise a potential issue as to whether there is some type of context where this perceived bias might undermine credibility.

Communicating About Mental Illness: Perceptions of Sources with and Without Mental Illness

Communicating about mental illness is crucial, but who should serve as the communicator? Some have argued that the only credible communicator about mental illness is someone who has experienced mental illness. That idea makes sense if a key part of the communication involves claiming knowledge of what people face when they deal with mental illness. In such cases, experience with mental illness could lead to a source being perceived as more expert, or knowledgeable about what it is like to deal with mental illness. However, there could also be a downside to mental illness experience on the part of a source. That is, because the person might be seen as arguing on behalf of a group to which s/he belongs, the person could be viewed as biased to favor the group (and perhaps view the issues in a way that unduly supports the group).

Previous research has directly induced perceptions of expertise and bias to examine their effects. For example, recent research by Wallace, Wegener, and Petty (2020) has shown that if a source is perceived as more biased (controlling the levels of expertise to be relatively high), the message will be processed more negatively. Those effects of source bias are also separable from those of source untrustworthiness (i.e., perceived dishonesty of the source). Such effects of source bias might represent a more general dependence of bias effects on the perceived level of expertise the source possesses. For example, Birnbaum and Stegner (1979) found that “the effect of bias will be greater for sources of greater expertise” (p. 70). Similar to Wallace et al. (2020), Birnbaum and Stegner (1979) also found that a message from an unbiased source of high expertise will have greater influence than a biased source with the same level of expertise.

Birnbaum and Stegner did not assess the perceived credibility (overall quality) of the source, but traditional persuasion theory would connect overall impact of the source to such perceptions.

Much past work has examined influences of perceived source credibility. For instance, Cooper, Blackman, and Keller (2016) noted that expertise and trustworthiness are considered to be the pillars of credibility (see also Petty & Wegener, 1998). In this context, it is also interesting to note that Birnbaum and Stegner (1979) did not address perceptions of untrustworthiness that might covary with perceptions of source bias. Additionally, Wallace et al. (2020) also showed that biased sources lead to less favorable reactions to a persuasive message presented by that source.

Little research has examined how perceptions of bias are formed or what types of information can lead to perceptions of bias (let alone forming a basis for both perceptions of bias and expertise). One exception is some research in an unpublished Master's Thesis from the same lab where I developed my thesis. Specifically, Wallace (2015) found that sources who use weak arguments are viewed as both less expert and as more biased. The Wallace (2015) effects were general effects (regardless of the type of message presented), but in the current work, I examined whether certain types of messages might push people toward being especially likely to view experience as relevant to the source's bias versus the source's expertise.

What about the effect of experience in regard to expertise and bias? This specific question has not been addressed in the previous literature. Relevant knowledge could be indicative of expertise but also of bias if the source is using their knowledge to advocate for something that would benefit their group. Research from Wallace et al. (2020) indicates that "...descriptions relevant to a person's motivation to take a particular position primarily affected perceptions of bias" (p. 30). These results make sense and may be attributed to perceptions of the

source having a possible vested interest. Vested interest is commonly thought of as the source having a personal stake or something to gain by successfully persuading the message recipient. Vested interest has been shown to cause the source to be viewed as more biased and as less trustworthy (Wallace, 2019).

The current research examines whether a source's experience can be taken by message recipients as reflecting expertise or reflecting bias. Experience might indicate unique knowledge that can make the source seem like an expert on the topic or it could lead the message recipient to perceive a vested interest on the part of the source and, therefore, bias. In the present research, I examined two different types of messages that might emphasize one perception of experience or the other. Merely talking about experiences might encourage perceivers to treat the experience of the source as reflecting expertise. On the other hand, advocating on behalf of the group might encourage perceivers to treat the experience of the source as information about group membership and, therefore, vested interest in the outcome of advocacy, leading to perceived bias. Thus, I tested whether previous experience of mental (vs. physical) illness is perceived as *expertise* when communicating about the challenges faced by those with mental illness but as *bias* when arguing on behalf of the group (e.g., against stigma towards those with mental illness).

A source with a history of mental illness should have general knowledge concerning mental illness treatment, policy, and accessibility. Therefore, one might often perceive a history of mental illness as indicative of expertise on many topics aimed at providing information about the experience of mental illness. Such perceptions could enhance that person's credibility in presenting informational messages. However, when taking a position perceived as potentially benefiting people with a history of mental illness, that very history could also lead the source to be perceived as biased. Such perceptions could undermine that person's credibility in presenting

such advocacy messages. I hypothesize that experience with mental illness will be viewed as expertise when the source is describing the challenges of dealing with mental illness but as bias when the source is advocating for something related to mental illness. Wallace et al. (2020) found that a source can be perceived as biased without also being perceived as dislikeable, untrustworthy, or inexperienced, though features such as the quality of arguments provided in the message have also influenced such broader perceptions of the source (see Wallace, 2015). Therefore, in addition to examining perceptions of bias and expertise, I also examined potential influences of source experience on perceptions of source likeability and trustworthiness.

Methods

Participants.

This study utilized eighty-seven undergraduates enrolled in an Introduction to Psychology course at the Ohio State University (OSU). Participants were recruited through the Research Experience Pool at OSU.

Design and Procedure.

This study used a within-subjects design consisting of four conditions: a 2 (Type of Message) x 2 (Illness Experience) design. After consenting to participate in the study, participants read eight source descriptions – two each in the four conditions: advocacy/mental illness experience, advocacy/physical illness experience, describing challenges/mental illness experience, and describing challenges/physical illness experience. Each stimulus described a recent college graduate or current university student with a previous diagnosis of a mental or physical illness. Descriptions also included an issue portion that said whether the graduate was advocating for something related to mental illness or describing the challenges faced by those with mental illness. An example of a source description for someone in the describing challenges

and mental illness conditions is, “**Issue:** Describing the challenges faced by people with a history of mental illness. **About the person:** Recent college graduate (B.A. in Psychology) who was diagnosed with clinical depression their junior year.” An example of a source description for someone in the advocacy and physical illness condition is, “**Issue:** Advocating for reduced stigma against people with a history of mental illness. **About the person:** Current university senior (4th year student about to receive Bachelor of Science degree in Psychology and Neuroscience) who was diagnosed with gout (a joint inflammation condition) during their sophomore year.” After reading each issue/source description, participants rated the source on measures of bias, expertise, trustworthiness, and likeability (counterbalanced), on credibility, and on vested interest (as a manipulation check on the type of message relating to the interest of sources with experience of mental vs. physical illness). After participants read about and rated all eight sources, they answered questions to assess their level of contact with those diagnosed with mental illness and possible levels of prejudice towards those with mental illness.

Independent variables

Illness Experience. Participants were exposed to four mental illness descriptions and four physical illness descriptions. Mental illness diagnoses were comprised of depression and anxiety. Physical illness diagnoses consisted of rheumatoid arthritis and gout.

Message Type. Participants were exposed to four advocacy messages and four describing challenges messages. Advocacy messages consisted of advocating for reduced stigma against those with mental illness and advocating for greater mandatory insurance coverage for mental illness treatment. Messages in the describing challenges condition entailed describing challenges faced by those with a history of mental illness and describing what it is like to be in treatment for mental illness.

Dependent measure

Perceptions of credibility. Perceptions of credibility were measured with five questions used by Wallace et al. (2020). As an example, one of the items was, “To what extent do you view this person as a high-quality source of information on this topic?” (1 = *not at all*, 9 = *very much*).

Mediator variables

Perceptions of bias. Perceptions of bias were measured with four questions used by Wallace et al. (2020). As an example, one of the items was, “How objective do you think this person is on this topic?” (1 = *not at all*, 9 = *very much*).

Perceptions of expertise. Perceptions of expertise were measured with four questions used by Wallace et al. (2020). As an example, one of the items was, “To what degree do you find this person to be qualified to discuss this issue?” (1 = *not at all*, 9 = *very much*).

Perceptions of trustworthiness. Perceptions of trustworthiness were measured with two questions used by Wallace et al. (2020). As an example, one of the items was, “How honest do you think this person would be on this topic?” (1 = *not at all*, 9 = *very much*).

Perceptions of likeability. Perceptions of likeability were measured with two questions used by Wallace (2019). As an example, one of the items was, “How likeable do you find this person to be?” (1 = *not at all likeable*, 9 = *very likeable*).

Manipulation check

Perceptions of vested interest. Perceptions of vested interest were measured with two questions. As an example, one of the items was, “To what extent would the person potentially benefit from an effective message on this topic?” (1 = *not at all*, 9 = *very much*).

Results

Manipulation Check.

Perceptions of vested interest served as our manipulation check. Vested interest was analyzed using a repeated measures general linear model using Illness Experience, Message Type, and their interaction as predictors. The analysis showed that sources with prior mental illness experience were viewed as having more vested interest ($M = 7.53$, $SD = 1.6$) than sources with prior physical illness experience ($M = 5.54$, $SD = 1.43$), $F(1, 83) = 97.86$, $p < .001$. In terms of the message type main effect, the describing challenges condition was unexpectedly associated with higher perceptions of vested interest ($M = 6.71$, $SD = 1.45$) than the advocacy condition ($M = 6.39$, $SD = 1.11$), $F(1, 83) = 6.79$, $p = .01$. Perceived vested interest was also impacted by an interaction of Illness Experience and Message Type, $F(1, 83) = 57.72$, $p < .001$. That is, when presenting an advocacy message, sources with prior mental illness experience were viewed as having more vested interest ($M = 7.09$, $SD = 1.47$) than sources with prior physical illness experience ($M = 5.73$, $SD = 1.39$). When describing challenges, sources with prior mental illness experience were still viewed as having more vested interest ($M = 8.07$, $SD = 1.95$) than sources with prior physical illness experience ($M = 5.35$, $SD = 1.74$), but to a greater extent than when presenting an advocacy message. That pattern was not expected, and it might make it more difficult to find unique effects of experience on perceived bias across the two messages.

Comparison of mean source perceptions.

All source perceptions were analyzed using a repeated measures general linear model using Illness Experience, Message Type, and their interaction as predictors. When examining perceptions of bias, the analysis showed that sources with mental illness experience were perceived as having more bias ($M = 6.07$, $SD = 1.12$) than sources with physical illness experience ($M = 4.97$, $SD = 1.33$), $F(1, 84) = 41.85$, $p < .001$. In terms of the Message Type

effect, sources presenting an advocacy message consistently showed higher perceptions of bias ($M = 5.56$, $SD = 0.95$) than sources presenting a description message ($M = 5.47$, $SD = 1.07$), but not significantly, $F(1, 84) = 2.18$, $p = .14$. The interaction of Illness Experience and Message Type was not significant, $F(1, 84) = 0.63$, $p = .43$.

When examining perceptions of expertise, the analysis showed that sources with mental illness experience were consistently perceived as more expert ($M = 6.57$, $SD = 1.31$) than sources with physical illness experience ($M = 5.62$, $SD = 1.34$), $F(1, 84) = 41.74$, $p < .001$. Message type did not produce a significant main effect, $F(1, 84) = 0.33$, $p = .49$, but perceived expertise was impacted by an interaction of Message Type and Illness Experience, $F(1, 84) = 8.03$, $p = .01$. That is, when presented with an advocacy message, sources with mental illness experience were seen as more expert ($M = 6.5$, $SD = 1.36$) than sources with physical illness experience ($M = 5.77$, $SD = 1.45$). When describing challenges, sources with mental illness experience were again seen as more expert ($M = 6.67$, $SD = 1.37$) than sources with physical illness experience ($M = 5.48$, $SD = 1.56$), and to a larger degree than when presenting an advocacy message.

When examining perceptions of trustworthiness, the analysis showed that sources with prior mental illness experience were viewed as more trustworthy ($M = 6.59$, $SD = 1.24$) than sources with prior physical illness experience ($M = 6.09$, $SD = 1.27$), $F(1, 85) = 17.69$, $p < .001$. Message Type did not produce a significant main effect, $F(1, 85) = 0.31$, $p = .58$, but perceived trustworthiness was impacted by an interaction of Illness Experience and Message Type, $F(1, 85) = 8.64$, $p < .01$. When presented with an advocacy message, sources with previous experience of mental illness were seen as more trustworthy ($M = 6.5$, $SD = 1.28$) than sources with physical illness experience ($M = 6.24$, $SD = 1.33$). When describing challenges, sources

with a background of mental illness were also seen as more trustworthy ($M = 6.69$, $SD = 1.38$) than sources with physical illness experience ($M = 5.94$, $SD = 1.54$), and to a greater extent than when presenting an advocacy message.

When examining perceived likeability, sources with a mental illness background were seen as more likeable ($M = 6.21$, $SD = 1.33$) than sources with a background of physical illness ($M = 5.99$, $SD = 1.23$), $F(1, 84) = 5.6$, $p = .02$. There was not a main effect of Message Type, $F(1, 84) = .96$, $p = .33$, or an interaction of Message Type and Illness Experience, $F(1, 84) = 2.99$, $p = .09$.

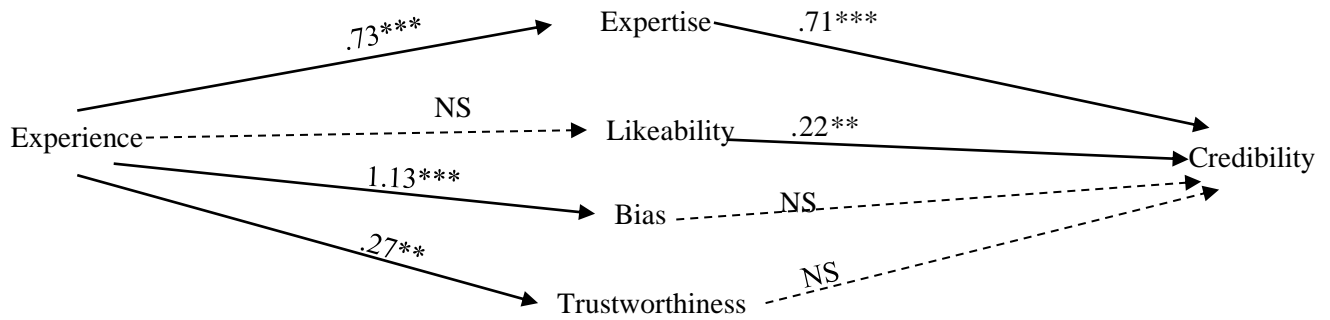
When examining perceived credibility, sources with a background of mental illness were seen as more credible ($M = 6.47$, $SD = 1.35$) compared to sources with a background of physical illness ($M = 5.79$, $SD = 1.44$), $F(1, 84) = 20.53$, $p < .001$. There was no significant main effect of Message Type, $F(1, 84) = .56$, $p = .46$, but credibility was impacted by an interaction of Message Type and Illness Experience, $F(1, 84) = 9.45$, $p < .01$. That is, when presenting an advocacy message, sources with a background of mental illness are seen as more credible ($M = 6.4$, $SD = 1.35$) than sources with a background of physical illness ($M = 5.94$, $SD = 1.42$). When presenting a description message, sources with mental illness experience are seen as more credible ($M = 6.54$, $SD = 1.43$) than a source with physical illness experience ($M = 5.67$, $SD = 1.69$), but to a greater extent than when presenting an advocacy message.

Mediation analyses.

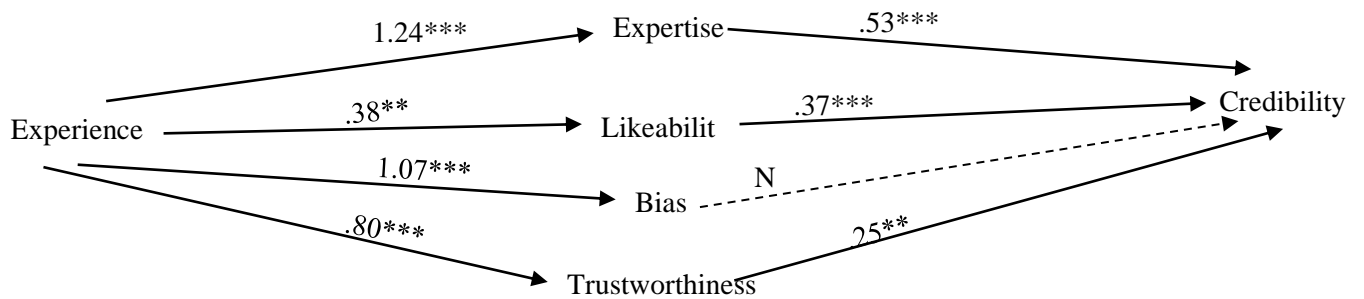
Mediation analyses were analyzed using the MEMORE macro for SPSS which utilizes 5,000 bootstrapped samples (Montoya, A.K., 2019). The macro uses the data as a population, samples participants randomly with replacement to create samples of size equal to the collected data, and produces bootstrapped estimates of the within-subject indirect effects. The MEMORE

macro does not conduct moderated mediation analyses, so I conducted a separate within-subject analysis of source experience effects within each type of message.

When examining the potential mediators of effects of source experience on perceptions of source credibility, I found that perceptions of expertise consistently mediated between experience of mental versus physical illness and perceptions of source credibility (for both types of messages -- advocacy: indirect effect $B = 0.52$, CI [0.29, 0.82], description: indirect effect $B = 0.65$, CI [0.24, 1.10]). For the advocacy messages, perceptions of likeability (indirect effect $B = 0.03$, CI [-0.21, 0.10]), bias (indirect effect $B = -0.01$, CI [-0.13, 0.10]), and trustworthiness (indirect effect $B = 0.02$, CI [-0.05, 0.11]) were found to be non-significant. For the messages describing challenges faced with mental illness, perceptions of source trustworthiness (indirect effect $B = 0.20$, CI [0.02, 0.43]) and likeability (indirect effect $B = 0.14$, CI [0.02, 0.30]) also mediated effects of experience on perceptions of source credibility alongside perceptions of expertise. Perceptions of source bias (indirect effect $B = -0.01$, CI [-0.17, 0.18]) were found to be non-significant (for figures presenting path coefficients for each of the source perceptions, see Figures 1 and 2).

Figure 1.*Mediation for advocacy messages*

Note. $p < .05^*$, $p < .01^{**}$, $p < .001^{***}$

Figure 2.*Mediation for description messages.*

Note. $p < .05^*$, $p < .01^{**}$, $p < .001^{***}$

Discussion

My hypothesis that experience with mental illness will be viewed as expertise when the source is describing the challenges of dealing with mental illness but as bias when the source is advocating for something related to mental illness was only partially supported. The hypothesis implied that there might be Message Type X Illness Experience interactions for both perceived expertise and perceived bias, with larger effects of experience for description messages on expertise, but larger effects of experience for advocacy messages on bias. The interaction on perceived source expertise was as predicted – mental illness experience led to greater perceived expertise than physical illness experience, and that effect was stronger when the message described challenges encountered by people with mental illness than when it advocated on behalf of the group. However, perceived bias was influenced similarly by illness experience regardless of which message was involved. One likely reason for this is that perceptions of vested interest were actually more influenced by illness experience when the message involved describing rather than advocating. To find stronger influences of experience on perceived bias, it might be necessary to find a type of message for which vested interest is even less than for the current description messages.

The experimental effects showed that Illness Experience and an interaction of Illness Experience and Message Type were consistent influences on source perceptions. The interactions that appeared paralleled the predicted pattern for perceived expertise (i.e., with stronger effects of experience on source perceptions when the message was describing challenges rather than advocating). Within this overall pattern, there were many instances when a source with a background of mental illness is viewed as more trustworthy, expert, likeable, and credible, but also as more biased. Findings that a source can be viewed as biased but also as trustworthy,

likeable, and expert aligns in some ways with findings from Wallace et al. (2020). Yet, whereas perceptions of source bias and source trustworthiness are typically negatively correlated, many of the current effects of experience increase both perceived bias and perceived trustworthiness. That positive relation across conditions is a new pattern in this literature.

For the messages I examined, credibility seems to be determined most consistently by perceptions of expertise, and sometimes by perceived trustworthiness, and likeability, but not by perceived bias. The impact of perceived expertise is not a surprise. Though the experience variable was not expected to influence perceptions of trustworthiness, its impact on perceptions of source credibility also parallel previous results (e.g., Wallace et al., 2020). Likeability is interesting in that it was not traditionally assumed to be part of the credibility construct. Yet, recent analyses suggest that perceptions of credibility and of likeability are, in fact, related (Wallace, Simon, & Wegener, under review). The previous research does suggest that there are contexts in which perceived bias undermines perceptions of source credibility (Wallace et al., 2020). However, most of those previous data involve relatively counter-attitudinal messages. Perhaps the current positions described in the study stimuli were too pro-attitudinal for message recipients to view the biased person as lacking credibility. It would be interesting for future studies to more closely examine when perceived bias does or does not influence credibility. It will also be interesting to consider whether there are ways to influence whether a message recipient emphasizes the expertise versus the bias perceptions that stem from a given experience (like past experience with mental illness).

Although this study obtained some significant findings, there are still limitations. Some limitations of this study are that I used a convenience sample and did not ask about demographics (so I do not know the gender breakdown of the sample). This makes it difficult to

know whether a similar pattern would be likely in new studies examining different types of message recipients. Future studies can improve upon these limitations by using a more diverse sample as well as including demographics questions.

Despite these limitations, the findings of this study are meaningful for numerous reasons. First, by discerning whether experience with mental illness is viewed as expertise or as bias, we can use this knowledge to enhance our understanding of when sources with a history of mental illness are likely to be persuasive. Furthermore, distinguishing which messages are associated with perceptions of credibility of a source with a history of mental illness can increase the effectiveness of these messages. Lastly, discriminating how to best utilize a source with a history of mental illness can reach members of the population that may feel alienated by government or academic messages concerning mental health.

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